

Request for Fun With Science to Visit your School or Organization

Name of School/Organization:		Name of School District:
Address:		
City:	State:	Zip:
Phone:	FAX:	email address:
Name of Principal or Requestor:		
Name of site contact/ responsible person:		Primary contact phone:
Tentative dates you prefer to have our program: Month: Day of the Week:		
Time first presentation/session will begin:		
Number of presentations/ sessions:		
Grade level(s) and/or ages:		
Number of students/ audience per presentation:		
Time allocated for each presentation:		
Time for the last presentation to be completed:		
Other specifics concerning this presentation request:		

Please check that you have the following pertinent information:

- _____ Our school/ organization has a site emergency procedure plan.
- _____ Principal and contact person has reviewed site's current safety plan.
- _____ Site has current emergency phone numbers posted.
- _____ Responsible person will stay in the room with presenters at all times.
- _____ Responsible contact person will notify students and parents
of possible safety concerns before presentation. (see form)

Mail Application to: Kerwin Falls
Phone (925) 422-6098
Fax (925) 422-5761

LLNL
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Livermore, CA 94550